

Referrals to the Diabetic Foot Unit

Set out below are the criteria for foot clinic referrals:

1. Patients with diabetes who have active foot ulcers whether new or recurrent
2. Patients with longstanding foot ulceration that have either never or have not recently attended the foot clinic
3. Patients with diabetes who have foot infection that does not respond to treatment within 2-3 days or are not progressing as expected
4. Sudden/ Recent onset of red, hot and swollen or deformed foot / toe(s)
5. Patients with peripheral vascular disease and either rest pain or gangrene or tissue loss

Criteria 3 and 4 must be referred as a matter of urgency i.e. same-day referral.

We do not treat leg ulcers – for terms of reference the leg begins at the malleoli therefore ulcers occurring over the malleoli would be classed as leg ulcers

We have a referral form that would help us prioritise your referral effectively.

We are willing to accept referrals from all disciplines as long as the patient's GP is informed and consents to the referral.

In general patients are seen within 7 days of referral, unless they are urgent when they can often be seen the same day.

Tel No' 01473 704912
Fax 01473 704750

N.B. The answer phone is always left on when there is no one immediately available to answer the phone; however it is checked regularly throughout the day.

If you have an urgent case that you wish to speak to someone about, e.g. needs to be seen straight away

Either:

Telephone: 01473 704180 asking for Neil Baker or Dr Fowler

Or

Telephone: 01473 712233 bleep 801(Neil baker)

Referral to the foot protection clinic

From primary care:

Following annual diabetes screening or routine podiatry clinics anyone identified with medium to high risk factors for foot ulceration should be referred to the foot-care protection clinic.

Criteria for referral

1. Absence of both foot pulses in either foot or symptoms of intermittent claudication.
2. Reduced or absent sensation using 10g monofilament (If 2 or more sites out of 4 on each foot are not felt).
3. Previous ulceration or amputation
4. Foot deformity or callus in the presence of neuropathy or reduced blood flow
5. Sufficient visual or physical disability that the patient would not be safe to cut their own nails
6. Patients in end stage renal failure or requiring dialysis

If none of the above are present then basic foot health education should be given and an annual review appointment.

If one of the above is present the patient should be slotted into a routine podiatry clinic with an annual review.

If two or more are present then the patient should definitely be put into the FCPC.

If a patient has had previous ulcer or amputation they must be put into the FCPC.